



**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

08/23/99

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER →	NJR000030239
INSTALLATION NAME →	AVALON COSMETICS INC
INSTALLATION ADDRESS →	90 DAYTON AVE BLDG 1-A 3RD FL PASSAIC, NJ 07055
MAILING ADDRESS →	100 HEPBURN RD #5I CLIFTON, NJ 07012

EPA Form 8700-12AB (4-80)

**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 2
290 BROADWAY, 22nd Floor
NEW YORK, NEW YORK 10007-1866**

**ATTN: DIV OF ENVIRON PLANNING & PROTECTION
RCRA PROGRAMS BRANCH**

**TO: KIM, STEVEN
OWNER
100 HEPBURN RD #5I
CLIFTON, NJ 07012**

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

59 AUG - 9 1990

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification

B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

NJ R0000030239

II. Name of Installation (Include company and specific site name)

AVAILON COSMETICS INC

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

90 DAYTON AVE

Street (Continued)

BUILDING 1-A 3rd FLOOR

City or Town

PASSAIC

State

Zip Code

NJ 07055-

County Code

County Name

PASSAIC

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

KIM

STEVEN

Job Title

Phone Number (Area Code and Number)

973-471-8854

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing Other

B. Street or P.O. Box

100 HEPBURN RD #5I

City or Town

State

Zip Code

CLIFTON

NJ 07012-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

KIM, STEVEN

Street, P.O. Box, or Route Number

100 HEPBURN RD #5I

City or Town

State

Zip Code

CLIFTON

NJ 07012-

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner
Indicator

(Date Changed)

Month

Day

Year

973-471-5977

Yes

No

Address Verified US Post Office (58)

EPA Form 8700-12 (Rev. 11-30-93) Previous edition is obsolete.